

Philadelphia Medicine



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Checklist to prepare for the ICD-10 transition

Every practice should designate a team to organize and manage the implementation effort because on Oct. 1, 2013, ICD-10 becomes a reality.

Implementing ICD-10 will require significant changes to clinical and administrative systems that capture and report diagnosis codes. Since ICD-10 is more complex and robust than ICD-9, you also should assess whether your current documentation will support the level of specificity necessary for ICD-10. Understanding ICD-10 and preparing for the changes now will give your practice a strategic advantage.

Here is a "to-do" list for your implementation team.

Current analysis

A preliminary impact analysis is a good tool for assessing which areas of your practice may be affected by implementation of ICD-10. The analysis includes performing a comprehensive audit of all data systems to identify those that use ICD-9 and those that will use ICD-10.

Implementation status of system vendors

Evaluate whether your current practice management and electronic medical record (EMR) systems can support both ICD-9 and ICD-10 codes simultaneously. Contact system vendors to determine what system upgrades or replacement systems are needed to accommodate ICD-10. When will upgrades or replacement systems be available for testing and what costs are involved? Will upgrades to software and storage capacity be covered under existing contracts?

Work flow redesign

Analyzing all areas affected by ICD-10 and making appropriate operational changes within your practice to accommodate the new code set will ensure a

smoother transition. Walk through your processes that involve assigning, entering, or using diagnosis codes to identify any changes that might be necessary. Identify which forms and reports will need to be modified. Identify policies and procedures that need to be developed or revised.

Budget

- Identify and budget for all ICD-10 transition expenses and estimate associated costs, including:
- Practice management and EMR system changes
- Hardware and software upgrades
- Business process changes
- Resource materials
- Education

Training is a critical step for ensuring that staff is knowledgeable about the ICD-10 code set. Almost everyone in the medical practice will need some level of training.

Costs are likely to be your primary concern with ICD-10 implementation. Although it may be difficult to identify every expense, it is important to prepare a complete budget.

Training

Training is a critical step for ensuring that staff is knowledgeable about the ICD-10 code set. Almost everyone in the medical practice will need some level of training. Training should focus on learning the ICD-10 code set and any work flow changes.

Physicians, coders, and billing staff will require more extensive training than ancillary staff, but determine the most appropriate and cost-effective method of providing ICD-10 education to the different categories of staff who need training.

PCMS NEWS

The 6th Annual Tools for Success Conference

Thursday, April 14, 2011

2011 Practice Management Toolbox

Join our panel of specialists for a full day of learning, support, networking and, of course, a terrific lunch!

Presentations will include information and strategies for dealing with issues of HIPPA security, human resources, EMR, PQRI, Medicare cuts, meaningful use and more.

For more information, call 215-563-5343, Ext. 113

SAVE THE DATE

Saturday, June 11, 2011

PCMS President's Installation
and Awards Night

Celebrating the Inauguration of
Lynn A. Lucas-Fehm, MD, JD
as the 150th President of
The Philadelphia County
Medical Society

Ace Center (formerly Eagle Lodge)

800 Ridge Pike, Lafayette Hill, PA

Art Exhibit and Reception 5:30 PM

Dinner/Program 7:00 PM

Reservations 215-563-5343, Ext.113

MEMBER BENEFIT

A Place to Turn.

The answer to your question may be just a phone call away. Your county medical society can almost always give you an answer or direct you to exactly where you can get it.

Problem Solved.

So get back to your patients. They're the reason you became a physician in the first place.

The Philadelphia County Medical Society
**aggressively advocating and supporting
the interests of physicians
and their patients.**

Philadelphia Medicine



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Version 5010 - Have you started testing?

Over 99% of Medicare Part A claims and over 96% of Medicare Part B claims transactions are received electronically. The current versions of the Standards American National Standards Institute (ANSI) X12 Version 4010/4010A1 for healthcare transactions used in healthcare transactions lack certain functionality required by the healthcare industry. Therefore medical practices must prepare for new standards in order to continue submitting claims electronically. Deadline to upgrade from ANSI X12N Version 4010 to Version 5010 is January 1, 2012.

This change must be made to accommodate regulatory changes in billing processes such as claims submission, claim status inquiry, and to allow the conversion from ICD-9 to ICD-10. Physicians who fail to prepare for Version 5010 may jeopardize the viability of their practices.

In the coming months, you need to ask your payers, software vendors, clearinghouse, and billing services about the status of their 5010 preparations.

Software vendors

For your software vendors, you'll want to check on their testing date. If it is later than Oct. 1, 2011, push for an earlier date to begin testing. Find out if the upgrade to 5010 is included in your

ongoing maintenance expense.

Payers and clearinghouses

Ask payers and clearinghouses when you can test the 5010 standard process in total with your practice management software.

Keep in mind the transition to the new 5010 format may create subtle software changes or other changes to frequently used data fields as current business processes may need to be revised.

Preparing through early implementation and testing can identify potential issues, lessen the disruptions to your revenue cycle, and minimize the impact on your practice.

Visit Highmark's Medicare Services website to find testing tips for vendors and additional information regarding the Version 5010 transition.

Version 5010 - Testing and implementation schedule.

Here are a few dates to get you started:

- Dec. 31, 2011 – External testing of Version 5010 for electronic claims must be complete for Version 5010 compliance.
- Oct. 1, 2013 – Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis.

PA REACH East announces free assistance

PA REACH East is the Regional Extension and Assistance Center for HIT (REACH) in Eastern Pennsylvania. They have been offering education, technical assistance, guidance, and information on best practices to support and accelerate healthcare centers' and providers' efforts to become meaningful users of certified electronic health record (EHR) systems.

Effective immediately PA REACH East is waiving all fees for providers participating in the program—this includes newly recruited practices and those already participating.

This means providers signing up for the program will no longer be required to pay the \$200 consulting fee, and early adopters will receive a refund.

The free assistance offer is subject to change, depending on the number of recruited participants and the availability of funds. That's why it's imperative for interested practices to sign up immediately.

These changes apply to practices working directly with PA REACH East or through one of its grant partners. Note that the guidelines for eligible practices have not changed. Should you have any questions, please phone PA REACH at 877-725-9998.

The PCMS Website accepts typical classified ads. We also advertise upcoming events such as CME programs and seminars. Phone 215-563-5343, Ext. 102 for more information.

PAMED seeks clarification on ID badge law implementation

Because of apparent confusion over the intent of a new law regarding ID badges for healthcare providers, the Pennsylvania Medical Society (PAMED) is seeking clarification from lawmakers. House Bill 1482 was signed into law by former Gov. Ed Rendell on Nov. 23, 2010.

The new law requires healthcare providers to wear a photo identification badge while working. However, as the regulations were being written by the Department of Health (DOH), confusion arose about what specific groups of providers would be required to comply, and when. PAMED made DOH as well as lawmakers aware of the confusion among physicians.

DOH is currently seeking further clarification from the bill's primary sponsor to confirm legislative intent. While the effective dates for the regulations are still being determined, DOH has assured PAMED that physicians will have ample time to comply with the new regulation. PAMED will post this information on its website as soon as it is available.

PAMED supported this legislation because it will help minimize patient confusion over whether a provider is a physician or another type of healthcare provider.

A recent survey conducted by the American Medical Association confirmed that while patients are in favor of a physician-led healthcare team, they remain confused about the levels of education and training of healthcare providers.

Employee healthcare estimator for medical practices

Use this tool to help understand the potential financial impacts of the healthcare legislation on your medical practice, including the small business healthcare premium credit (effective 2010), requirements to provide coverage for employees (effective 2014), penalties for not providing coverage (effective 2014) and excise taxes on high-cost health plans (effective 2018). www.hrblock.com/SBS/healthcare.html.

CMS staff to conduct follow-up calls for CERT program

The Centers for Medicare and Medicaid Services (CMS) will be conducting follow-up calls to providers for the Comprehensive Error Rate Testing (CERT) program.

CMS staff may contact you to obtain all necessary medical record documentation for claims reviewed under the CERT program.

Although you may have already received letters and telephone calls from the CERT contractor, these additional efforts by CMS to obtain adequate documentation may change your claim's status from "improper payment" to "proper payment," which will allow them to calculate a more accurate Medicare FFS error rate while also reducing the number of improper payments.

Change of address?

Phone 215-563-5343, Ext. 102 with any change of address, phone, fax number, or e-mail address.

Jefferson Emergency Medicine Team discovers lead contamination in Philadelphia's Chinatown

Recently, a research team from the Department of Emergency Medicine at Jefferson Medical College of Thomas Jefferson University discovered an alarming amount of lead contamination in ceramic cooking and eating utensils sold in Philadelphia's Chinatown.

Theodore Christopher, MD, a past President of PCMS, is the Chairman of the Department of Emergency Medicine.

Using a LeadCheck®, an area on each item was rubbed with a lead-detecting solution. In almost 30% of the items, the area turned pink or red, with red indicating a higher concentration of lead.

The results were so alarming, the Food and Drug Administration (FDA) has decided to instigate further studies of ceramics items imported from Chinese and Mexican cookware.

Court decision supporting new law clarifying Red Flags Rule

In March, a federal appeals court issued a decision last Friday that further validates the American Medical Association's long-standing argument to the Federal Trade Commission (FTC) that physicians who bill after rendering services are not subject to the Red Flags Rule as creditors.

The United States Court of Appeals for the District of Columbia Circuit found the present regulations of the FTC invalid in light of the Red Flag Program Clarification Act of 2010, passed by Congress last December to shed much needed light on who is considered a creditor under the Red Flags Rule.

The court's decision reinforces the intent of a new law clarifying the scope of the Red Flag Rule and helps eliminate any further confusion about the rule's application to physicians.

Physician apology bill passes PA House of Representatives

A much needed liability reform bill addressing physician apologies has cleared another important hurdle on its way to becoming law. On Mar. 2, 2011, the Pennsylvania House of Representatives passed House Bill 495 by a vote of 171-27.

PCMS applauds the House of Representatives for passing HB 495. When a poor outcome occurs, patients want answers, and physicians want to provide the patient with those answers.

House Bill 495 would allow healthcare providers and patients to have a full and open conversation after an unforeseen outcome without fear that anything said by the provider would be used against them in a medical liability lawsuit.

HB 495 does not take any legal right away from injured patients or impair their ability to file a personal injury action against a healthcare provider should they choose to do so.

It also does not limit the amount that a patient can recover in such an action. The proposed legislation simply facilitates the ability of providers and patients to have an open discussion after a poor outcome.

pcms people



Richard Wender, MD, Alumni Professor and Chair, Department of Family and Community Medicine at Jefferson Medical College, has been appointed to the Board of Directors for

The American Cancer Society's new East Central Division. Dr. Wender is Past President of the American Cancer Society, National Division.



Leonard G. Gomella, MD, FACS, has been appointed to the editorial council at *Urology Times*. He will represent the area of urologic cancer on the editorial council.

Dr. Gomella is the Bernard W. Godwin, Jr., Professor of Prostate Cancer, and Associate Director for Clinical Affairs at the Kimmel Cancer Center at Jefferson.

Weiy Li, MD, PhD, and colleagues in China published "Identification of Vimentin as a Novel Target of HSF4 in Lens Development and Cataract by Proteomic Analysis" in *Investigative Ophthalmology & Visual Science*.

Leonard S. Jacob, MD, PhD, was appointed to the board of trustees of the University of the Sciences in Philadelphia.

Evan J. Weiner, MD, has been appointed emergency department director of operations at St. Christopher's Hospital for Children.

William Dubin, MD, has been appointed to the position of Chair of the Department of Psychiatry and Behavioral Science at Temple University.

Attention: Physician Artists

PCMS is looking for physicians who are interested in displaying their art works—paintings, clay sculptures, artistic photos, glass works, etc.—during the Annual PCMS President's Installation on Saturday, June 11.

This is a one-day exhibit and there is no fee.

Contact Mark Austerberry at 215-563-5343, Ext. 101 for additional information and exhibit details.



Looking for Office Space?

PCMS headquarters has up to 4,000 sq. ft. of office space available for lease with onsite parking. Call 215-563-5343, Ext. 101.

Host your event at PCMS

Host your next party or conference/seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.

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